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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application of Docket Number 09/894389		
APPLICATION AS FILED - PART I (Column 1) (Column 2)						SMA	LL ENTITY	OR .	OTHER THAN SMALL ENTITY		
	FOR	NUMB	ER FILED	NUMB	NUMBER EXTRA		RATE (\$) FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))		(cl)								110	
SEARCH FEE											
(37 CFR 1.18(k), (f), or (m)) EXAMINATION FEE		n))				<u> </u>	+				
(37 CFR 1.18(o), (p), or (q))		(q))									
TOTAL CLAIMS (37 CFR 1.16(i))		a	minus 20 =		· /		•	OR .	×/8 =	18	
INDEPENDENT CLAIMS (37 CFR 1.16(h))		IMS /	2 minus 3 =		•		=		x 80 =		
If the specification and drawings of					exceed 100			\neg			
APP FEE	LICATION SIZE	is \$250 (sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each					1	•		
(37 (CFR 1.16(s))	additiona	additional 50 sheets or fraction thereof. Sec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					1			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									1210		
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL			TOTAL	788	
· APPLICATION AS AMENDED - PART II											
1.1.15								OR	OTHER	THAN	
<u> </u>	(Column 1) (Column 2) (Column 3)				SMA	LL ENTITY		SMALL	ENTITY		
NT A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$	ADD TION	AL	RATE (\$)	ADOI- TIONAL FEE (\$)	
ш	Total pz cfR 1.16(p)	82	Minus	"21	= /	×		OR	20.	.50	
ENDM	Independent (37 CFR 1.15(h))	. 6	Minus	" ' 3	=	x	=	OR	× 200 =		
AME	Application Size Fee (37 CFR 1.16(s))										
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					L		OR	+360		
						TOTAL ADD'L FEI	E	OR	TOTAL ADD'L FEE	50	
X	31.05	(Column 1)		(Column 2)	(Column 3)						
۳	0 10	CLAIMS		HIGHEST			T				
8	(4.NZ	REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA	RATE (\$	TION	AL	RATE (\$)	ADDI- TIONAL	
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Ž	(37 CFR 1.169))	al.		92		×	=	OR	x =	<u> </u>	
MENDM	Independent (37 CFR 1.16(h))	·	Minus	<u> </u>	=	x		OR	х =		
AM	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(I))						·	OR	L		
						TOTAL ADD'L FE	E .	QR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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